

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029895

7529

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 25 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
1		
2 23		
3		
4 0		
5 0		
6		
7 0		
8 1		
9		
10		
11		
12 59.0		
13		
59		
USE BLACK INK OR TYPEWRITER RIBBON	INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Ferguson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 308 No. Dade Ave.	
3. NAME OF DECEASED (Type or print) First James Middle Robert Last Edwards		4. DATE OF DEATH Month July Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/9/1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME John H. Edwards		11b. MOTHER'S MAIDEN NAME Jacqueline Daniels	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral Meningitis DUE TO (b) Enteritis DUE TO (c) Premature Birth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		13. INTERVAL BETWEEN ONSET AND DEATH 1 day 7 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 571.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
14. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	15. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour 7:55 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20. CITY, TOWN, OR LOCATION June 10-63 to July 19 - and last saw him alive on July 19-63		
21. I attended the deceased from June 10-63 to July 19 and last saw him alive on July 19-63 Death occurred at 7:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 1453 N E Tamar	
23a. SIGNATURE Dr. Gust M. D.	23b. DATE 7-22-63	23c. NAME OF CEMETERY OR CREMATORY Edwards Cemetery	23d. LOCATION (City, town, or county) Crawford Co., Mo.
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		25. DATE RECD. BY LOCAL REG. JUL 22 1963	
26. FUNERAL DIRECTOR Halbert Funeral Home, Steelville, Mo.		27. REGISTRAR'S SIGNATURE Paul Smith. M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.